

MISSOURI ETHICS COMMISSION

STATEMENT OF COMMITTEE ORGANIZATION

MEC ID #

OFFICE USE ONLY

STATEMENT DATE		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE					
4. COMMITTEE MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :				5. TELEPHONE NUMBER	
6. TREASURER'S NAME					
7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :				8. TELEPHONE NUMBER HOME: WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE ----- ----- -----				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO. ----- ----- -----					
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) POLITICAL PARTY A. NAME B. ADDRESS C. TELEPHONE NO. D. PARTY ----- ----- -----					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS ----- -----					
18. CANDIDATES SUPPORTED OR OPPOSED CHECK ONE A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE ----- ----- ----- <input type="checkbox"/> <input type="checkbox"/>					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED CHECK ONE A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE ----- ----- ----- <input type="checkbox"/> <input type="checkbox"/>					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.		
_____ TREASURER'S SIGNATURE			_____ CANDIDATE'S SIGNATURE		

STATEMENT OF COMMITTEE ORGANIZATION INSTRUCTIONS

NOTE: This form is used to report information needed for registering a new committee. When used as an amended statement, it changes, adds or deletes information that had been reported on an original statement.

CONTENT OF FORM:

- ITEM 1:** Indicate the type of statement being filed. If this is a new statement of organization, complete all applicable items. If this is an amended statement, complete Items 1 through 5, Items 20 and 21 (candidate committees only), and only those other items where the original information has changed, been added to, or deleted.
- ITEM 2:** If this is an amended statement, enter the number(s) of any item(s) where information has been added, changed or deleted.
- ITEM 3:** Enter the full committee name. Candidate committee names must include the candidate's last name.
- ITEM 4:** Enter the committee's mailing address.
- ITEM 5:** Enter the committee's telephone number.
- ITEM 6:** Enter the treasurer's name. Every committee must have a treasurer who is a resident of Missouri. Candidates forming a candidate committees may appoint themselves as treasurer, and act as a committee of one.
- ITEM 7:** Enter the treasurer's mailing address.
- ITEM 8:** Enter the treasurer's home and work telephone numbers.
- ITEM 9:** Enter the deputy treasurer's name (if any).
- ITEM 10:** Enter the deputy treasurer's mailing address.
- ITEM 11:** Enter the deputy treasurer's home and work telephone numbers.
- ITEM 12:** Enter the name, mailing address, and title of any additional committee officers. Additional officers are optional.
- ITEM 13:** (Candidate Committees Only) - If the candidate identified in item 16 has more than one candidate committee supporting his or her candidacy, indicate whether or not the committee reported on this form has been designated as the aggregating committee. On an attached sheet, disclose the full committee name and address together with name, address, and telephone number of the treasurer of any other committee which is under the control of the candidate named in item 16.
- ITEM 14:** Enter the requested information pertaining to the committee's official fund depository account, and any additional accounts the committee has established. Every committee is required to open at least one official account in a state or federally chartered institution in the state of Missouri.
- ITEM 15:** Indicate the classification which most accurately identifies the nature of the committee. Political action committees (PACs) are continuing committees; county Republican or Democrat central committees are political party committees; committees formed to support or oppose issues for one election are campaign committees; and candidates and incumbent officeholders have candidate committees.
- ITEM 16:** (Candidate Committees Only) - Enter the name, address, telephone number, and political party of the candidate the committee is organized to support.
- ITEM 17:** (Continuing Committees Only) - Enter the name and mailing address of any organization considered to be connected to the committee.
- ITEM 18:** Enter the requested information pertaining to any candidate supported or opposed by your committee.
- ITEM 19:** Enter the requested information pertaining to any ballot measures supported or opposed by the committee.
- ITEM 20:** The treasurer's signature must be completed by all committees.
- ITEM 21:** The candidate's signature should only be completed by candidate an exploratory committees.

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